Attachment B Effective 12/01/10

## **ELECTRICAL INSPECTION**

	Date:		
Facility Name:		_	Inspector's Name:
Address:		_	Inspector's Agency:
Phone Number:		_	Inspector's License No.:
			Phone Number:
			Inspector's Signature:
Power Panel:			
	Yes	No	Main Breaker rating in amps:
Current measured into main breaker*	L1	_	L2N
Voltage at main breaker* L1/L2		_	
Heat detected on any feeder breaker* Note: If yes, list load fed, measured current,			NO
Check tightness of ground wire at ground rod	and inside panel.	Verify c	continuity of this wire.
Check tightness of all lugs and breaker screws	S.		
* With HVAC unit running and kitchen over	n on. Depending	on seaso	on, adjust thermostat to insure running.
Receptacles:			
Covers in place		Yes	No
Covers or receptacle broken		Yes	No
No more than 2 items plugged into a duplex r	eceptacle	Yes	No
Wiring configuration correct Test Device		Yes	No
Junction Boxes:			
Securely Mounted			No
Covers in place			No
Any wire exposed		Yes	No
Ground Fault Circuits:			
All bathroom receptacles must be on GFI circ	cuit.		Test Device
All Kitchen receptacles within 6 ft. of the sink	must be on GFI	circuit.	Test Device
All outside receptacles must be on GFI circui			Test Device
Extension Cords: Extension cords must not be under carpet or r Extension cords are not intended to be used p		rmanent	No use is intended, an additional receptacle must be installed.
Lighting:			
Any wiring exposed		Yes	No
Lights Flickering			No
Light fixtures discolored from excessive heat.			No
Light fixture securely attached		Yes	No

## Water Heater:

If electrical, check connection at heater. Verify tightness of L1, L2, and Ground connections.

## **Comments**:

List any unsafe conditions, code violations, or items for correction on back of form.